**PATIENT**Sir Toby Drake
Knuth**SPECIES**

Canine

BREEDMiniature
Schnauzer**SEX**

Neutered male

AGE

13 years

WEIGHT

18 pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**

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03/01/2022

PRESENTING CLINICAL SIGNS

History: Past few months, showing signs of senility. More collapsing. Defecating in the house. Staring into space, seems lost. Painful in abdomen (trying to bite when owner picks up). History of heart murmur. Chronic cough, past month has worsened. E/D well, no V/D.

Abnormal PE/Chem/CBC/UA Results: BW attached. WBC 4.9, HCT 40.1, ALP 149, Chol 341, Trig 353, AMY 804. LIP 54.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

No overt pathology in the area of the residual prostate. Subtle dilation of the residual prostate urethra was present without overt evidence of urethral pathology. This is a nonspecific finding, yet if evidence of incontinence may indicate mildly proximal decreased urethral tone.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent hyperechoic nodules were observed in the medial parenchyma adjacent to the hilus and are consistent with myelolipomas. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild nondependent yet nonorganized

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gallbladder debris present. No evidence of gallbladder or peripheral inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

- Intermittent benign splenic nodules-consistent with myelolipomas.
- Mild vacuolar hepatopathy pattern.
- Mild gallbladder debris (non-mucocele).
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely mild geriatric abdomen without overt evidence of significant visceral pathology as an obvious source of intra-abdominal pain. Potential for low grade to chronic pancreatitis could be present yet appear sonographically normal and may be considered if discomfort is primarily in the subxiphoid to cranial abdominal area.

Clinical signs associated with the gallbladder are not anticipated.

Assessment for possible referred abdominal pain potentially owing to musculoskeletal pain may be considered.

Three view chest radiographs suggested if not recently done.

If persistent to progressive increased hepatic enzymes or evidence of cholestasis, hepatosupportive medications including ursodiol may be considered.

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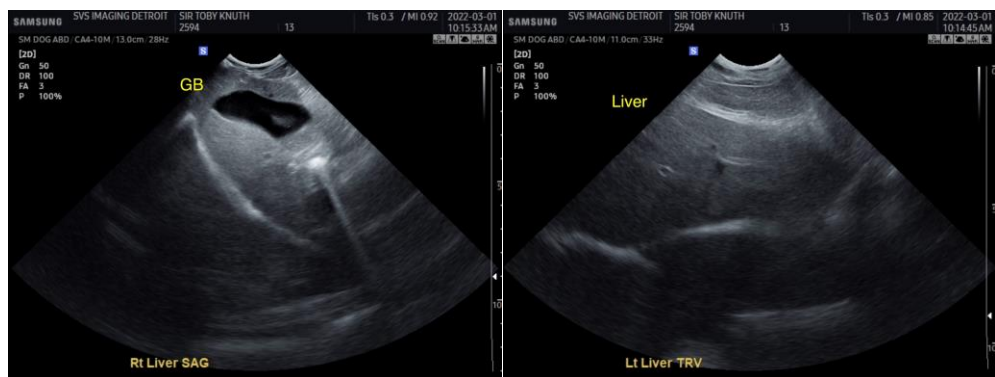
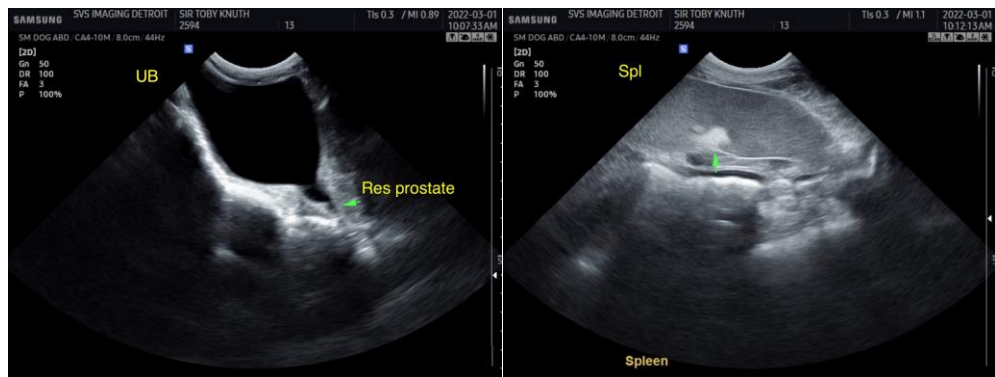
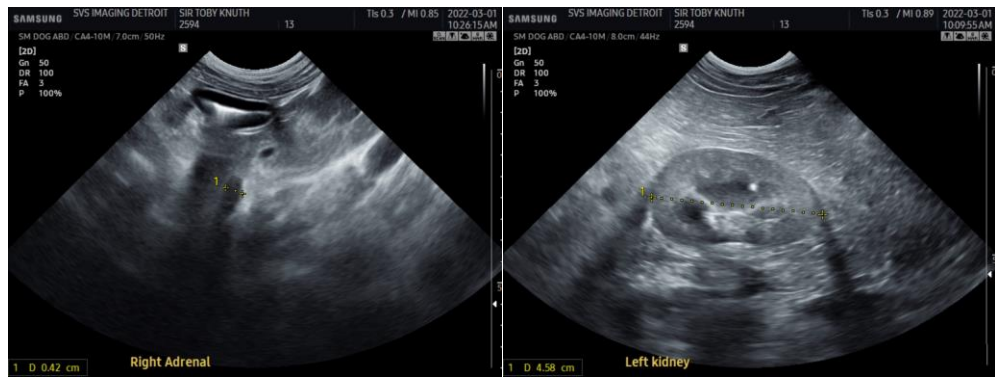
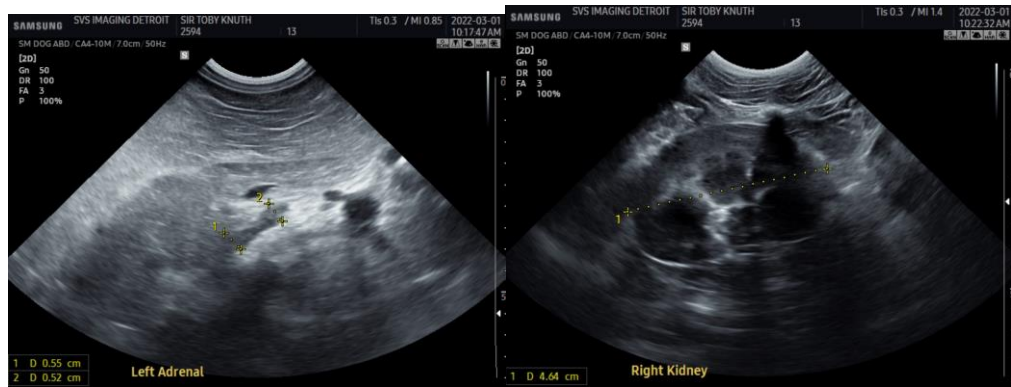
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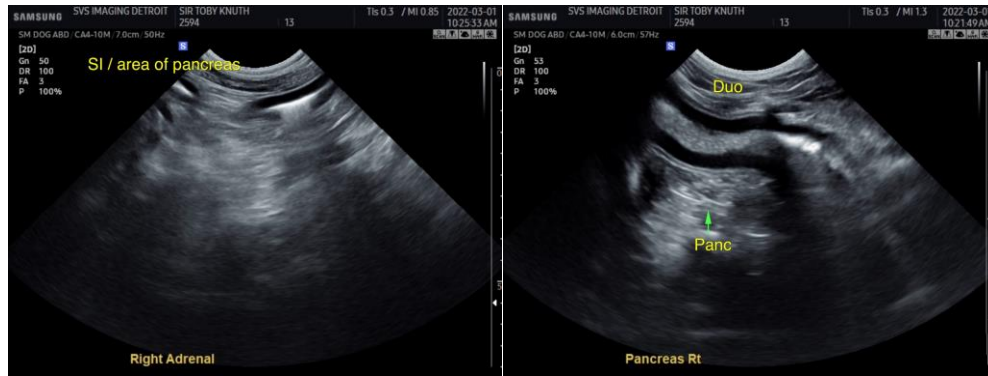
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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